

**TENNESSEE DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION
MEDIATION REQUEST FORM**

We request special education mediation on behalf of _____ a child in
_____ Schools. Disability _____

_____ We understand this request is for mediation only. A due process hearing
has not been requested.

_____ We understand this request is for mediation concurrent with a request for a due
process hearing. A written request for a due process hearing has been forwarded
to the Director of Schools.

Summary of Issues to be Mediated:

*The assigned mediator will contact with both parties to schedule the date, time, and location of
the mediation conference. **Parent and LEA must sign mediation request.***

Parent Signature

LEA Signature

Parent/Guardian

Name _____
Address _____
City _____ Zip Code _____
Phone _____ Fax _____
Email _____

LEA Administrator

Name _____
Address _____
City _____ Zip Code _____
Phone _____ Fax _____
Email _____

If represented by an attorney:

Name of attorney _____
Address _____
City _____ Zip Code _____
Phone _____ Fax _____
Email _____

If represented by an attorney:

Name of attorney _____
Address _____
City _____ Zip Code _____
Phone _____ Fax _____
Email _____

This request is to be mailed and/or faxed by the LEA to:

**Office of Legal Services
Tennessee Department of Education
Division of Special Education
7th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
Telephone # (615) 741-0660
FAX # (615) 253-5567**